

M-941W WD		MASSACHUSETTS DEPARTMENT OF REVENUE EMPLOYER'S WEEKLY PAYMENT OF INCOME TAXES WITHHELD		ENTER PAYMENT DATE	
FEDERAL IDENTIFICATION NUMBER		BE SURE THIS VOUCHER COVERS THE CORRECT PERIOD		FOR QUARTER ENDING	ENTER AMOUNT OF PAYMENT ▶ \$
IF ANY INFOR- MATION IS INCORRECT, SEE INSTRUC- TIONS.					<p>Note: You must complete the payment date and amount boxes above. Payment must correspond to the preprinted quarter end date.</p> <p>When Massachusetts income tax withheld is \$500 or more by the 7th, 15th, 22nd and last day of a month, pay over within three business days thereafter with a completed Form M-941W for each payment.</p> <p>MAKE CHECK PAYABLE TO: COMMONWEALTH OF MASSACHUSETTS</p>
Return this completed form with payment. Make check payable to Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7034, Boston, MA 02204-7034.					PLEASE USE THE PREADDRESSED MAILING LABELS IN THIS BOOKLET.

IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING RETURN

New owners: Do not use previous owner's form to file your return. Any change in ownership or organization requires a new registration. You must file a new Form TA-1.